2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P01000015907** 1. Entity Name INDERMAN & COMPANY, INC. Principal Place of Business Mailing Address 5454 NE 4TH AVE 5454 NE 4TH AVE MIAMI, FL 33137 MIAM), FL 33137 No Chg-P 04212004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 65-0894610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MADDISON, LA'TOYA DO NOT WRITE **5454 NE 4TH AVE** MIAMI, FL 33137 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE. Registered Agent signature required when reinstating) DATE U00000136361 9. Election Campaign Financing \$5.00 May Be 04/28/04-80089-007 150.00 FILE NOWIU FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE MADDISON, LATOYA NAME STREET ADDRESS 5454 NE 4TH AVE CITY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADORESS CATY-ST-ZIP DITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Latoya / landis	4-22-04	<u>954-828-1345</u>
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylima Phone #